161 Entry Blank-Please Type or Print Ms /Artist 1ASDMI ☐ Mr./Artist (last name last) Permanent Address Daytime Tel. (216) 961-0026 44113 Temporary or Studio Address Street City Daytime Tel. (Zip If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entri Artist will pick ☐ Museum shoul ☐ Museum shoul

Special Instructions

City

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

Zip

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature Masun Hayash

I have received the unsold/unaccepted object(s) in good condition.

Signature Il asun Hayash

Entry Blanks

NOT ACCEPTED

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NOT ACCEPTED

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